SECTION ONE - GENERAL INFORMATION

DELEGATE INFORMATION				
Delegate Agency Name				
Project Name				
Agency Website Address				
2021 Award Amount				
2021 P.O. Number				
Executive Director Name				
Executive Director Address				
Executive Director Phone				
Executive Director Email				
Program Contact Name				
Program Contact Address				
Program Contact Phone				
Program Contact Email				
Fiscal Contact Name				
Fiscal Contact Phone				
Fiscal Contact Email				
Board of Directors Chairperson				
Address				
Phone				
Email				

Program Location/Site (List All Site Locations where services listed on the Scope of Services are performed) MAIN LOCATION Address Phone Ward where this site is located Community Area where this site is located Clients seen at this location come from the following wards: Clients seen at this location come from the following community areas: Program Service Hours: Estimated number of work plan clients seen at this location Estimated amount of contract award allocated to this location PO# (please indicate PO on each page)

	2ND LOCATION			
Address				
Phone				
Ward where this site is located				
Community Area where this site is located				
Clients seen at this location come from the following wards:				
Clients seen at this location come from the following community areas:				
Program Service Hours:				
Estimated number of work plan clients seen at this location				
Estimated amount of contract award allocated to this location				
PO# (please indicate PO on each page)				

	3rd LOCATION				
Address					
Phone					
Ward where this site is located					
Community Area where this site is located					
Clients seen at this location come from the following wards:					
Clients seen at this location come from the following community areas:					
Program Service Hours:					
Estimated number of work plan clients seen at this location					
Estimated amount of contract award allocated to this location					
PO# (please indicate PO on each page)					

Projected total	
number of enrolled	
clients in 2021 (new	
+ carryover)	
List all languages in	
which domestic	
violence services are	
offered	
What specialized	
populations do you	
serve?	
(neighborhood,	
cultural group, etc.)	
PO# (please indicate	
PO on each page)	

SECTION TWO - DFSS PROGRAM DESCRIPTION

A. Program Goals

Legal Services for Victims of Domestic Violence programs increase safety and enhance well-being for victims (and their children) of intimate partner and teen dating violence by providing legal representation in domestic violence and family courts. Programs educate victims regarding their rights under the Illinois Domestic Violence Act and provide legal advice and legal counseling. In addition, legal service grantees will provide ongoing emotionally supportive crisis counseling and safety planning as needed.

B. Target Population

Any Chicago resident (and their children) who has been the victim of intimate partner or teen dating violence is eligible for services. Delegates must be able to offer services to underserved populations including undocumented victims, those whose do not speak English, male victims, those who are disabled, and LGBTQIA victims.

SECTION THREE - REQUIRED CORE PROGRAM ELEMENTS

Delegates must deliver, at a minimum, all the following services:

- Triage service requests immediately, 24 hours per day, and 7 days per week. Service requests received outside of operating hours must be referred to an agency's own Hotline or the Illinois Domestic Violence Hotline
- Respond to service requests within 48 hours
- Assist victim to create a safety plan for herself and her children as needed
- Provide an explanation of how to petition for an Order of Protection
- Provide legal advice and legal counseling
- Assist victims with completion of paperwork or other steps necessary to petition for an Order of Protection
- Represent victims in domestic violence court and family court
- Represent victims seeking legal remedies available under the Violence Against Women Act (VAWA) such as Stalking No Contact Orders (SNCOs), U Visas for crime victims, T Visas for victims of trafficking, Every Student Succeeds Act (ESSA), the Victims' Economic Security and Safety Act (VESSA), etc.
- Intervene with civil or criminal court or law enforcement on victim's behalf
- Advocate on victim's behalf with a third party after execution of necessary release of information. Includes advocacy with DCFS, victim's employer, housing provider, IDHS, etc.
- Create a confidential process for victims to complete a DDV issued Client Outcome Survey (formerly the Evaluation of Services Survey), on paper and a minimum of 75% online. Copies of all paper surveys will be submitted to DDV.
- Provide community education workshops and/or outreach events to educate the general public and allied service providers about domestic violence and available services
- Offer services to underserved populations including undocumented victims, those whose do not speak English, male victims, those who are disabled, and LGBTQIAQ victims
- Maintain victim confidentiality
- Report changes in staff, staff hours, agency operating hours, agency, and program location
- Accept referrals from and provide referrals to the Illinois Domestic Violence Hotline
- Respond to inquiries from the Illinois Domestic Violence Hotline to update service profile
- Ensure that all staff providing services listed in this Scope of Services have, at minimum:
 - earned a 40 Hour Domestic Violence training certificate from an accredited training provider; and
 - experience providing legal services to victims of intimate partner violence and teen dating violence

SECTION FOUR – PERFORMANCE MEASURES

Agencies are required to track progress towards achieving the stated program goals in Section Two. To assess success of the program, DFSS will monitor a set of performance indicators that may include, but are not limited to:

- Percentage of clients who are offered triage services, which include, at a minimum, some of the following as needed:
 - I. Emotionally supportive crisis counseling
 - II. Safety planning with victim to keep herself and her family safer
 - III. Explanation of the legal rights and protections available to them under the Illinois Domestic Violence Act
 - IV. Information and explanation on how to file for an Order of Protection
 - V. Legal advice and legal counseling
- Percentage of clients who file for an Order of Protection with the assistance of the program who are granted an Emergency Order of Protection with the assistance of the program
- Percentage of clients who file for an Order of Protection with the assistance of the program who are granted a Plenary Order of Protection with the assistance of the program
- Percentage of adult clients who complete an Outcome Survey
- Percentage of clients who know more about available community resources
- Percentage of clients who were given information on how the laws can protect them
- Percentage of clients who feel supported by program staff in making their own decisions
- Percentage of clients who better understand what happens at court

Data Reporting

Delegate agency will be expected to collect and share data with DFSS according to the format, frequency, and submission protocol specified by DFSS. The parties recognize that reliable and relevant data is necessary to create a common understanding of performance trends, ensure compliance, evaluate program results and performance, and drive program improvements and policy decisions. As such, DFSS reserves the right to request/collect other key data and metrics from delegate agencies including client-level demographic, performance, and service data om a format specified by DFSS.

Delegate agency agrees to the following reporting requirements:

- Quarterly Reports detailing services provided. Data provided will include work plan services funded through this contract and all other funding sources. Format will be provided.
- InfoNet data detailing services provided. Data provided will include work plan services funded through this contract and all other funding sources. Format is the InfoNet database.

- Monthly Meetings with DFSS staff, if required.
- Narratives in the quarterly report that may highlight a particular case or services provided to victims of intimate partner violence or teen dating violence that demonstrate value in the ongoing services or a gap in services.

Uses of Data

DFSS reserves the right to use data related to delegate agency performance, including but not limited to data submitted by the delegate agency for the following:

- a) In periodic meetings described below to review program performance and develop strategies to improve program quality throughout the term of the contract; and
- b) To guide DFSS program development, evaluate programs, inform policies, and inform contract decisions such as payment rates, contract extensions or renewals, and evaluation of proposals by the delegate agency in response to any future solicitations by DFSS for goods or services.

Meetings

Regular reviews of and conversations around program performances, program results and program data, particularly related to the goals outlined in this agreement, will allow DFSS and the delegate agency to employ real-time information to track performance, identify good practices, and swiftly, collaboratively, and effectively address any challenges experienced by the target population.

At such meetings, the data will be reviewed to:

- a) Monitor progress, highlight accomplishments, and identify concerns.
- b) Collaboratively design and implement operational changes to continuously improve processes and outcomes; and
- c) Develop strategies to broader system changes to improve service delivery and coordination between services.

Meetings shall include at a minimum the Deputy Commissioner for Domestic Violence, or designee, and the delegate agency's executive director, or designee. Delegate agency or DFSS may be represented by additional representatives as each party deems appropriate. DFSS may request the attendance of additional parties as it deems appropriate. Representatives from the delegate agency will attend all meetings as requested by DFSS.

SECTION FIVE -PLANNED ACTIVITIES

Please complete the HIGHLIGHTED CELLS to indicate the program's planned activities for the contract period.

	ENROLL CLIENTS Form must be	Q1	Q2	Q3	Q4	Total
Α.	signed and dated by client and worker					
	to verify client enrollment unless					
	services are provided remotely. Remote					
	clients must be documented in your					
	files with an InfoNet number.					
1.	Number of adults carried over from Q4					
т.	2020 to Q1 2021					
2.	Number of newly enrolled adults in					
۷.	2021					
	Total number of clients served in 2021					
3.						
	PERFORMANCE MEASURE					
	Achieved total clients will equal at least 90% of total predicted enrollment					

B.	PROVIDE TRIAGE SERVICES	Q1	Q2	Q3	Q4	Total
1.	Triage services may include some or all					
	of the following as needed:					
	a) emotionally supportive crisis					
	counseling					
	b) victim safety planning					
	c) information and explanation of					
	victim rights available under the					
	Illinois Domestic Violence Act					
	d) information and explanation on					
	how to file for an Order of					
	Protection					
	e) legal advice and legal counseling					
	PERFORMANCE M	IEASU	RE			
	100% of newly enrolled clients will receive triage services					
PO# (_I	PO# (please indicate PO on each page)					

	PROVIDE LEGAL	Q1	Q2	Q3	Q4	Total
C.	REPRESENTATION such as					
	assistance with obtaining an Order of					
	Protection. Also includes legal					
	counseling and representation in court					
	Number of clients filing for an Order of					
	Protection with the assistance of the					
1.	program					
a.	Number of clients filing for an Order of					
	Protection in-person					
b	Number of clients filing for an Order of					
	Protection remotely					
	Number of clients who are granted an					
	Emergency Order of Protection with					
2.	the assistance of the program					
	Number of clients who are granted a					
	Plenary Order of Protection with the					
3.	assistance of the program					
	Number of clients seeking an Order of					
	Protection receiving a legal remedy					
	other than an Order of Protection (i.e.					
4.	continuance, restraining order, etc.)					
	Number of clients represented in family					
5.	court					
	Number of clients receiving assistance					
	with other legal resolutions such as					
	VAWA or U or T Visa petitions, ESSA					
6.	and VESSA cases, SNCOs, etc.					
	Number of clients receiving civil,					
	criminal, or law enforcement					
7.	interventions					
	Number of clients receiving					
	intervention with entities other than					
8.	law enforcement or legal systems (i.e.					
	DCFS, client's employer, housing					
	provider, IDHS, etc.)					
	PERFORMANCE N	ATE A CT	IDE			•

PERFORMANCE MEASURE

50% of clients seeking an Order of Protection with the assistance of the program will be granted an Order of Protection with the assistance of the program

PO# (please indicate PO on each page)

D.	CLIENT OUTCOME SURVEYS (adult clients only)	Q1	Q2	Q3	Q4	Total
	(uddit chefits offiy)					
	Number of adult clients completing the					
1.	Client Outcome paper Survey					
	Number of adult clients completing the					
2.	Client Outcome online Survey					
	Number of surveys that indicate the					
	client strongly or somewhat agreed					
	with A.2 of the survey, indicating that					
	she was given information on how the					
3.	laws can help protect her.					
	Number of surveys that indicate the					
	client strongly or somewhat agreed					
	with B.2 of the survey, indicating that					
	staff was supportive of her in her own					
4.	decision making.					
	Number of surveys that indicate the					
	client strongly or somewhat agreed with					
	C.2 of the survey, indicating that the					
	client better understands what happens					
5.	at court					

PERFORMANCE MEASURE

50% of clients will complete a Client Outcome of Services Survey. 75% of those will complete a survey online.

PERFORMANCE MEASURE

75% of surveys completed will be completed online.

PERFORMANCE MEASURE

80% of clients taking the Client Outcome Survey will indicate that they strongly or somewhat agree with **A.2** of the survey

PERFORMANCE MEASURE

80% of clients taking the Client Outcome Survey will indicate that they strongly or somewhat agree with **B.2** of the survey

PERFORMANCE MEASURE

80% of clients taking the Client Outcome Survey will indicate that they strongly or somewhat agree with **C.2** of the survey

PO# (please indicate PO on each page)

T	PROVIDE COMMUNITY	Q1	Q2	Q3	Q4	Total
E.	EDUCATION / AWARENESS					
	WORKSHOPS ON DOMESTIC					
	VIOLENCE presented by program					
	staff					
	Number of community education /					
	awareness workshops on domestic					
1.	violence presented by delegate					
2.	Number of total expected participants					
PO# (plea	ase indicate PO on each page)					_

Please review the Required Core Program Elements in Section 3 and Performance
Measures in Section 4. Please describe activities to be performed to address the needs of
the target population and achieve Performance Measures, focusing on activities not
captured in the listed Core Elements.
PO# (places indicate PO on each page)
PO# (please indicate PO on each page)

Please describe how your program has been req					
pandemic. Please provide an outline on how you will continue service delivery in 2021.					
Please also address how your referral sources and outreach efforts have changed, and how the number of victims you serve under this contract has changed from your 2020 contract.					
number of victims you serve under this contract	nas changed from your 2020 contract.				
DO# (places in disease DO on each man)					
PO# (please indicate PO on each page)					

SECTION SIX -PROGRAM FUNDING

Please list all funding sources that comprise the other share listed in your program budget.					
Total of this chart should equal the other share listed in the program budget.					
\$ AMOUNT	FUNDING SOURCE				
\$	TOTAL				
PO# (please in	dicate PO on each page)				

SECTION SEVEN - REQUIRED ADDITIONAL DOCUMENTATION

The Division on Domestic Violence requires the following documentation to be submitted to meera.raja@cityofchicago.org within the first 30 days of the contract start date:

- Current job description for every staff person providing services to victims of domestic violence in this program. A job description should be provided for every staff person providing services to victims of domestic violence in this program, regardless of whether this grant pays the staff's salary. Job descriptions should follow the format of the job description posted along with other contract documents at: www.cityofchicago.org/fsscontracts
- 2. Current **resume** for every staff person providing services to victims of domestic violence in this program. A resumes should be provided for every staff person providing services to victims of domestic violence in this program, regardless of whether this grant pays the staff's salary.
- 3. **Proof of 40 hour domestic violence training** from an accredited training provider for every staff person providing services to victims of domestic violence in this program. Proof of training should be provided for every staff person providing services to victims of domestic violence in this program, regardless of whether this grant pays the staff's salary. Proof of training is required regardless of staff's other professional training, certificates, and education.

Failure to submit these documents will result in an audit finding against the program.

SECTION EIGHT –DDV DELEGATE GUIDEBOOK

The Division on Domestic Violence has created a guidebook to provide additional instruction and information on program requirements. The 2022 guide is available at: www.cityofchicago.org/fsscontracts

Please review this guide as it is part of your contract.

SECTION NINE -SUBMITTAL AND APPROVAL

CERTIFICATIONS:

By checking this box, your agency certifies that all information provided in the Scope of Services is correct and that the agency will comply with the requirements listed in the Scope of Services.

SUBMITTAL AND APPROVAL

Applicant signature in	
blue:	
Name typed:	
Title:	
Date of signature:	
DDV staff signature:	
Title:	
Date approved:	
PO# (please indicate	
PO on each page)	